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|---------------------------------|---|-------------------------------|--|
| <i>SERFF Tracking Number:</i> | <i>LMBR-125421061</i> | <i>State:</i> | <i>Arkansas</i> |
| <i>Filing Company:</i> | <i>Lumbermen's Underwriting Alliance</i> | <i>State Tracking Number:</i> | <i>EFT \$25</i> |
| <i>Company Tracking Number:</i> | <i>2008-05-WC-R</i> | | |
| <i>TOI:</i> | <i>16.0 Workers Compensation</i> | <i>Sub-TOI:</i> | <i>16.0000 WC Sub-TOI Combinations</i> |
| <i>Product Name:</i> | <i>Workers Compensation and Employers Liability</i> | | |
| <i>Project Name/Number:</i> | <i>Item B-1405 - Rule for TRIA Reauthorization Act of 2007/2008-05-WC-R</i> | | |

Filing at a Glance

Company: Lumbermen's Underwriting Alliance

Product Name: Workers Compensation and Employers Liability SERFF Tr Num: LMBR-125421061 State: Arkansas

TOI: 16.0 Workers Compensation

SERFF Status: Closed

State Tr Num: EFT \$25

Sub-TOI: 16.0000 WC Sub-TOI Combinations Co Tr Num: 2008-05-WC-R

State Status: Fees verified and received

Filing Type: Rule

Co Status: Pending

Reviewer(s): Betty Montesi, Carol Stiffler, Brittany Yielding

Author: Donna Bauman

Disposition Date: 01/09/2008

Date Submitted: 01/08/2008

Disposition Status: Approved

Effective Date Requested (New): 01/01/2008

Effective Date (New): 01/01/2008

Effective Date Requested (Renewal): 01/01/2008

Effective Date (Renewal):

State Filing Description:

General Information

Project Name: Item B-1405 - Rule for TRIA Reauthorization Act of 2007 Status of Filing in Domicile: Not Filed

Project Number: 2008-05-WC-R

Domicile Status Comments:

Reference Organization: NCCI, Inc.

Reference Number: Item B-1405

Reference Title: Terrorism Risk Insurance Program Reauthorization Act Advisory Org. Circular: CIF-2007-09 of 2007

Filing Status Changed: 01/09/2008

State Status Changed: 01/09/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

Lumbermen's Underwriting Alliance is a subscriber of the National Council on Compensation Insurance, Inc., and we follow NCCI for advisory loss costs, rules, rating plans, forms, and statistical reporting for Workers Compensation and Employers Liability.

We are filing to adopt NCCI's Item Filing B-1405 regarding the rule for the Terrorism Risk Insurance Program

SERFF Tracking Number: LMBR-125421061 State: Arkansas
Filing Company: Lumbermen's Underwriting Alliance State Tracking Number: EFT \$25
Company Tracking Number: 2008-05-WC-R
TOI: 16.0 Workers Compensation Sub-TOI: 16.0000 WC Sub-TOI Combinations
Product Name: Workers Compensation and Employers Liability
Project Name/Number: Item B-1405 - Rule for TRIA Reauthorization Act of 2007/2008-05-WC-R

Reauthorization Act of 2007, as set forth in NCCI circular CIF-2007-09. We request an effective date for all policies effective on and after January 1, 2008.

Your consideration is greatly appreciated.

Company and Contact

Filing Contact Information

Donna Bauman,
1905 N.W. Corporate Blvd.
Boca Raton, FL 33431-7303
Donna.Bauman@ins-lua.com
(561) 994-1900 [Phone]
(561) 988-8297[FAX]

Filing Company Information

Lumbermen's Underwriting Alliance
1905 N.W. Corporate Blvd.
Boca Raton, FL 33431-7303
(561) 994-1900 ext. [Phone]
CoCode: 23108
Group Code:
Group Name:
FEIN Number: 43-0799570
State of Domicile: Missouri
Company Type: Commercial
Property and Casualty
State ID Number:

Filing Fees

Fee Required? Yes
Fee Amount: \$25.00
Retaliatory? No
Fee Explanation:
Per Company: No

| COMPANY | AMOUNT | DATE PROCESSED | TRANSACTION # |
|-----------------------------------|---------|----------------|---------------|
| Lumbermen's Underwriting Alliance | \$25.00 | 01/08/2008 | 17397183 |

| | | | |
|--------------------------|--|------------------------|---------------------------------|
| SERFF Tracking Number: | LMBR-125421061 | State: | Arkansas |
| Filing Company: | Lumbermen's Underwriting Alliance | State Tracking Number: | EFT \$25 |
| Company Tracking Number: | 2008-05-WC-R | | |
| TOI: | 16.0 Workers Compensation | Sub-TOI: | 16.0000 WC Sub-TOI Combinations |
| Product Name: | Workers Compensation and Employers Liability | | |
| Project Name/Number: | Item B-1405 - Rule for TRIA Reauthorization Act of 2007/2008-05-WC-R | | |

Correspondence Summary

Dispositions

| Status | Created By | Created On | Date Submitted |
|----------|----------------|------------|----------------|
| Approved | Carol Stiffler | 01/09/2008 | 01/09/2008 |

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|---------------------------------|---|-------------------------------|--|
| <i>SERFF Tracking Number:</i> | <i>LMBR-125421061</i> | <i>State:</i> | <i>Arkansas</i> |
| <i>Filing Company:</i> | <i>Lumbermen's Underwriting Alliance</i> | <i>State Tracking Number:</i> | <i>EFT \$25</i> |
| <i>Company Tracking Number:</i> | <i>2008-05-WC-R</i> | | |
| <i>TOI:</i> | <i>16.0 Workers Compensation</i> | <i>Sub-TOI:</i> | <i>16.0000 WC Sub-TOI Combinations</i> |
| <i>Product Name:</i> | <i>Workers Compensation and Employers Liability</i> | | |
| <i>Project Name/Number:</i> | <i>Item B-1405 - Rule for TRIA Reauthorization Act of 2007/2008-05-WC-R</i> | | |

Disposition

Disposition Date: 01/09/2008

Effective Date (New): 01/01/2008

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: LMBR-125421061 State: Arkansas

Filing Company: Lumbermen's Underwriting Alliance State Tracking Number: EFT \$25

Company Tracking Number: 2008-05-WC-R

TOI: 16.0 Workers Compensation Sub-TOI: 16.0000 WC Sub-TOI Combinations

Product Name: Workers Compensation and Employers Liability

Project Name/Number: Item B-1405 - Rule for TRIA Reauthorization Act of 2007/2008-05-WC-R

| Item Type | Item Name | Item Status | Public Access |
|---------------------|--|-------------|---------------|
| Supporting Document | Uniform Transmittal Document-Property & Casualty | Approved | Yes |
| Supporting Document | NAIC Loss Cost Filing Document for Workers' Compensation | Approved | Yes |
| Supporting Document | NAIC loss cost data entry document | Approved | Yes |
| Supporting Document | Cover Letter | Approved | Yes |

| | | | |
|---------------------------------|---|-------------------------------|--|
| <i>SERFF Tracking Number:</i> | <i>LMBR-125421061</i> | <i>State:</i> | <i>Arkansas</i> |
| <i>Filing Company:</i> | <i>Lumbermen's Underwriting Alliance</i> | <i>State Tracking Number:</i> | <i>EFT \$25</i> |
| <i>Company Tracking Number:</i> | <i>2008-05-WC-R</i> | | |
| <i>TOI:</i> | <i>16.0 Workers Compensation</i> | <i>Sub-TOI:</i> | <i>16.0000 WC Sub-TOI Combinations</i> |
| <i>Product Name:</i> | <i>Workers Compensation and Employers Liability</i> | | |
| <i>Project Name/Number:</i> | <i>Item B-1405 - Rule for TRIA Reauthorization Act of 2007/2008-05-WC-R</i> | | |

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: LMBR-125421061 State: Arkansas
Filing Company: Lumbermen's Underwriting Alliance State Tracking Number: EFT \$25
Company Tracking Number: 2008-05-WC-R
TOI: 16.0 Workers Compensation Sub-TOI: 16.0000 WC Sub-TOI Combinations
Product Name: Workers Compensation and Employers Liability
Project Name/Number: Item B-1405 - Rule for TRIA Reauthorization Act of 2007/2008-05-WC-R

Supporting Document Schedules

| | | | | |
|-------------------------|--|-----------------------|----------|------------|
| Satisfied -Name: | Uniform Transmittal Document-Property & Casualty | Review Status: | Approved | 01/09/2008 |
|-------------------------|--|-----------------------|----------|------------|

Comments:
Transmittal attached.

Attachment:
industry_rates_PCtransDoc_intelligent.pdf

| | | | | |
|------------------------|--|-----------------------|----------|------------|
| Bypassed -Name: | NAIC Loss Cost Filing Document for Workers' Compensation | Review Status: | Approved | 01/09/2008 |
| Bypass Reason: | Not applicable. Rule only. | | | |

Comments:

| | | | | |
|------------------------|------------------------------------|-----------------------|----------|------------|
| Bypassed -Name: | NAIC loss cost data entry document | Review Status: | Approved | 01/09/2008 |
| Bypass Reason: | Not applicable. Rule only. | | | |

Comments:

| | | | | |
|-------------------------|--------------|-----------------------|----------|------------|
| Satisfied -Name: | Cover Letter | Review Status: | Approved | 01/09/2008 |
|-------------------------|--------------|-----------------------|----------|------------|

Comments:
Cover letter attached.

Attachment:
2008-05-WC-R.pdf

Property & Casualty Transmittal Document

| | | |
|---|---|--|
| 1. Reserved for Insurance Dept. Use Only | 2. Insurance Department Use only | |
| | a. Date the filing is received: | |
| | b. Analyst: | |
| | c. Disposition: | |
| | d. Date of disposition of the filing: | |
| | e. Effective date of filing: | |
| | New Business | |
| | Renewal Business | |
| | f. State Filing #: | |
| | g. SERFF Filing #: | |
| h. Subject Codes | | |

| | | | | | |
|---------------------------|-----------------|---------------|---------------|----------------|---------------------|
| 3. Group Name | | | | | Group NAIC # |
| | | | | | |
| 4. Company Name(s) | Domicile | NAIC # | FEIN # | State # | |
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|-----------------------------------|--|
| 5. Company Tracking Number | |
|-----------------------------------|--|

Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

| | | | | |
|---|--------------|---------------------|--------------|---------------|
| 6. Name and address | Title | Telephone #s | FAX # | e-mail |
| | | | | |
| | | | | |
| 7. Signature of authorized filer | | | | |
| 8. Please print name of authorized filer | | | | |

Filing information (see General Instructions for descriptions of these fields)

| | | | | |
|---|---|--|----------|--|
| 9. Type of Insurance (TOI) | | | | |
| 10. Sub-Type of Insurance (Sub-TOI) | | | | |
| 11. State Specific Product code(s)(if applicable)[See State Specific Requirements] | | | | |
| 12. Company Program Title (Marketing title) | | | | |
| 13. Filing Type | <input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description) | | | |
| 14. Effective Date(s) Requested | New: | | Renewal: | |
| 15. Reference Filing? | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| 16. Reference Organization (if applicable) | | | | |
| 17. Reference Organization # & Title | | | | |
| 18. Company's Date of Filing | | | | |
| 19. Status of filing in domicile | <input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved | | | |

Property & Casualty Transmittal Document—

| | | |
|-----|---|--|
| 20. | This filing transmittal is part of Company Tracking # | |
| 21. | Filing Description | [This area can be used in lieu of a cover letter or filing memorandum and is free-form text] |

| | |
|--|---|
| 22. | Filing Fees (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below] |
| <div style="height: 280px;"></div> <div>Check #: Amount:</div> <div>Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.</div> | |

***Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

RATE/RULE FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes rate-related items such as Rate; Rule; Rate & Rule; Reference; Loss Cost; Loss Cost & Rule or Rate, etc.)

(Do not refer to the body of the filing for the component/exhibit listing, unless allowed by state.)

| | | |
|-----------|--|--|
| 1. | This filing transmittal is part of Company Tracking # | |
|-----------|--|--|

| | | |
|-----------|---|--|
| 2. | This filing corresponds to form filing number (Company tracking number of form filing, if applicable) | |
|-----------|---|--|

☐ Rate Increase ☐ Rate Decrease ☐ Rate Neutral (0%)

| | | |
|-----------|--|--|
| 3. | Filing Method (Prior Approval, File & Use, Flex Band, etc.) | |
|-----------|--|--|

| | |
|------------|---|
| 4a. | Rate Change by Company (As Proposed) |
|------------|---|

| Company Name | Overall % Indicated Change (when applicable) | Overall % Rate Impact | Written premium change for this program | # of policyholders affected for this program | Written premium for this program | Maximum % Change (where required) | Minimum % Change (where required) |
|--------------|--|-----------------------|---|--|----------------------------------|-----------------------------------|-----------------------------------|
| | | | | | | | |
| | | | | | | | |

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|------------|--|
| 4b. | Rate Change by Company (As Accepted) For State Use Only |
|------------|--|

| Company Name | Overall % Indicated Change (when applicable) | Overall % Rate Impact | Written premium change for this program | # of policyholders affected for this program | Written premium for this program | Maximum % Change | Minimum % Change |
|--------------|--|-----------------------|---|--|----------------------------------|------------------|------------------|
| | | | | | | | |
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|-----------|--|
| 5. | Overall Rate Information (Complete for Multiple Company Filings only) |
|-----------|--|

| | | COMPANY USE | STATE USE |
|-----------|--|-------------|-----------|
| 5a | Overall percentage rate indication (when applicable) | | |
| 5b | Overall percentage rate impact for this filing | | |
| 5c | Effect of Rate Filing – Written premium change for this program | | |
| 5d | Effect of Rate Filing – Number of policyholders affected | | |

| | | |
|-----------|---|--|
| 6. | Overall percentage of last rate revision | |
|-----------|---|--|

| | | |
|-----------|---|--|
| 7. | Effective Date of last rate revision | |
|-----------|---|--|

| | | |
|-----------|---|--|
| 8. | Filing Method of Last filing (Prior Approval, File & Use, Flex Band, etc.) | |
|-----------|---|--|

| 9. | Rule # or Page # Submitted for Review | Replacement or withdrawn? | Previous state filing number, if required by state |
|-----------|--|---|---|
| 01 | | [] New [] Replacement [] Withdrawn | |
| 02 | | [] New [] Replacement [] Withdrawn | |
| 03 | | [] New [] Replacement [] Withdrawn | |

LUMBERMEN'S UNDERWRITING ALLIANCE

A RECIPROCAL INTER-INSURANCE EXCHANGE
A MEMBER COMPANY OF THE LYNN INSURANCE GROUP
HOME OFFICE • BOCA RATON, FLORIDA

1905 N.W. CORPORATE BOULEVARD, BOCA RATON, FLORIDA 33431-7303
TELEPHONE (561) 994-1900 • FAX (561) 994-8362



January 8, 2008

Honorable Julie Bowman
Commissioner of Insurance
Arkansas Department of Insurance
1200 West Third Street
Little Rock, Arkansas 72201-1904

**Re: Lumbermen's Underwriting Alliance
Workers Compensation and Employers Liability
Adoption of NCCI Item Filing B-1405 TRIA Basic Manual Rule
Filing No: 2008-05-WC-R
NAIC No. 00023108
FEIN No. 43-0799570**

Dear Commissioner Bowman:

Lumbermen's Underwriting Alliance is a subscriber of the National Council on Compensation Insurance, Inc., and we follow NCCI for advisory loss costs, rules, rating plans, forms, and statistical reporting for Workers Compensation and Employers Liability.

We are filing to adopt NCCI's Item Filing B-1405 regarding the rule for the Terrorism Risk Insurance Program Reauthorization Act of 2007, as set forth in NCCI circular CIF-2007-09. We request an effective date for all policies effective on and after January 1, 2008.

Your consideration is greatly appreciated.

Sincerely,

Donna Bauman
Property and Casualty Filing Analyst
Governmental Affairs
donna.bauman@ins-lua.com
(800) 327-0630 x291